(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes. The community spread of pandemic influenza A H1N1 (swine flu), first noticed in Maharashtra in first week of August, 2009 reached peak in third week of August and started declining after first week of September 2009. Details are given in the Statement. (*See* below)

(c) No.

(d) and (e) As per the Government of India guidelines all States, have identified adequate number of Government hospitals treat patients of swine flu.

Treatment of influenza requires isolation facilities. Hospitals in private sector conforming to the guidelines were allowed to admit and treat swine flue cases. Wherever necessary, the existing legal provisions were used to enlist them.

It is not possible to direct private hospitals to treat swine flu patients free of cost. However, those identified private hospitals provided with testing facility by Government laboratory and given Oaseltamivir (the drug to treat swine flu) from Government stock passed on these benefits to the patients.

Statement

Details of the cases of swine flu in Maharashtra

S.No.	Week	No. of laboratory confirmed cases
1.	17-23 August 09	598
2.	24-30 August 09	262
3.	31 August -6 September 2009	441
4.	7-13 September 2009	250
5.	14-20 September 2009	405
6.	21-27 September 2009	349
7.	28 September - 4 October 09	393
8.	5-11 October 09	288
9.	12-18 October 09	191
10.	19-25 October 09	120

Measures to control population growth

†1301. SHRI GANGA CHARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the concrete steps being taken by Government to control the growing population;

†Original notice of the question was received in Hindi.

(b) whether Government is not worried about population explosion;

(c) whether Government would enact one child law on the line of China; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice. Though India's population has increased from 36 crore in 1951 to 102.87 crore in 2001, the country has witnessed significant decline in both fertility and mortality. The crude birth rate, which was recorded at 40.8 per 1000 in 1951, has declined to 23.1 in 2007, as per the estimates available from the Same Registration System (SRS). The crude death rate, which was recorded at 25.1 per 1000 in 1951, has declined to 7.4 in 2007. Infant mortality rate has come down from 146 in 1951-61 to 55 in 2007. Total Fertility Rate (TFR) has come down from 6.0 in 1951 to 2.7 in 2007.

To encourage Family Planning through responsible and planned parenthood, voluntary and informed choice of Family Planning method best suited to acceptors have been adopted as envisaged in National Population Policy 2000 and further incorporated in the implementation frame work of National Rural Health Mission/RCH-II.

Population stabilization is also one of the objectives of National Rural Health Mission (NRHM) launched in April, 2005. It gives a thrust on reduction of infant mortality, maternal mortality and fertility rate with following specific interventions :-

(i) National Family Planning Insurance Scheme has been started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

(ii) Compensation Package for Sterilization was increased in September, 2007 in family planning *i.e.* in Vasectomy from Rs.800/- to Rs.1500/- and tubectomy from Rs.800/- to Rs.1000/- in public facilities and to a uniform amount of Rs.1500/- in accredited private health facilities for all categories in all States for vasectomy.

(iii) Specific action points/strategies have been incorporated in the States Project Implementation Plans (PIPs) under NRHM to address the up-gradation of Family Planning Services.

(iv) Promoting acceptance of No Scalpel Vasectomy to ensure male participation.

(v) Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.

(vi) Fixed day Fixed Place Family Planning Services round the year encouraged through growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

(vii) Increasing the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

(c) and (d) There is no proposal to enact one-child norm in the country on the lines of China. India follows a developmental approach emphasizing on strengthening the services and meeting the unmet needs.

Spurious drugs in the market

1302. PROF. P.J. KURIEN:
SHRI T.T.V. DHINAKARAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether he is aware of the large scale presence of spurious drugs in the market;

(b) if so, the details thereof; and

(c) the details of steps taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No. The drugs samples tested all over the country during the last five years revealed that approximately 0.3% to 0.4% of around 40,000 samples tested per annum were found spurious. A recent survey carried out by Central Drugs Standards Control Organisation (CDSCO) on the basis of the statistical principles provided by Indian Statistical Institute (ISI), Hyderabad to assess more accurate extent of spurious drugs in the country has revealed that the extent of spurious drugs is further much below this level (about 0.045%).

(c) The following steps have been taken by Government to check the manufacture, sale or marketing of spurious and sub-standard drugs in the country :

1. The Drugs and Cosmetics Act, 1940 has been amended under Drugs and Cosmetics (Amendment) Act 2008 passed by the Parliament on 5th December 2008 and has come in to force since 10th Aug, 2009. Under this Act stringent penalties for manufacture of spurious and adulterated drugs have been provided. Certain offences have been made cognizable and non-bailable.

2. A Whistle Blower Policy has been started by Government of India to encourage vigilant public participation in the detection of movement of spurious drugs in the country. Under this policy the informers would be suitably rewarded for providing concrete information in respect of movement of spurious drugs to the regulatory authorities.

3. The Port and Zonal Offices of the CDSCO are actively involved in the detection of cases of the spurious drugs in the country.

4. A meeting with the Directorate of Revenue Intelligence, Commissioner Customs and all the Port officers was held on 23-06-2009 to sensitize the concerned departments